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www.tminc.com

Ms. Renee Jenkins, Commission Secretary
Docketing Division
Public Utilities Commission of Ohio
180 East Broad Street, 13th Floor
Columbus, Ohio 43215-3793

RE: **tw telecom of ohio llc**
Docket No. - 90-9011-CT-TRF
P.U.C.O. Tariff No. 10 Revision

09-142-TP-2TA

Dear Ms. Jenkins:

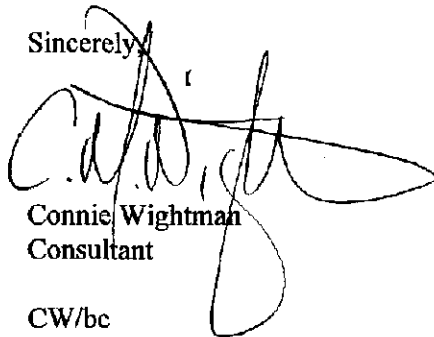
Enclosed for filing please find one original and ten (10) copies of the local exchange tariff revision, P.U.C.O. Tariff No. 10, on behalf of **tw telecom of ohio llc** along with the Ohio Telecommunications Application Form for Routine Proceedings. The purpose of this filing is to add the Ohio Telecommunications Relay Service (TRS) to the Company's local exchange tariff. The Company respectfully requests this tariff revision to become effective on March 15, 2009. Tariff pages included in this filing are as follows:

1 st Revised Page 1	Updates Check Sheet
1 st Revised Page 2	Updates Table of Contents
Original Page 45.1	Adds TRS description and rate

Any questions you may have regarding this filing may be directed to my attention at (407) 740-3002 or via e-mail at cwrightman@tminc.com.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for this purpose. Thank you for your assistance.

Sincerely,



Connie Wightman
Consultant

CW/bc

Enclosures

cc: Tammy Chatfield, tw telecom(transmittal only)
file: tw telecom - OH - Local
tms: OH10902

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.
Technician TM Date Processed 2/25/2009

The Public Utilities Commission of Ohio
TELECOMMUNICATIONS APPLICATION FORM for ROUTINE PROCEEDINGS
(Effective: 01/18/2008)

In the Matter of the Application of tw telecom of ohio llc)
to file a Local Tariff Revision.)
))
))

TRF Docket No. 90-9011-CT-TRF

Case No. 09-142-TP-ZTA

NOTE: Unless you have reserved a Case # or are filing a Contract, leave the "Case No" fields BLANK.

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Name of Registrant(s) tw telecom of ohio llc

DBA(s) of Registrant(s) _____

Address of Registrant(s) 4625 West 8th Street, Suite 500, Indianapolis, Indiana 46268

Company Web Address www.twtelecom.com

Regulatory Contact Person(s) Connie Wightman

Phone 407-740-8575

Fax 407-740-0613

Regulatory Contact Person's Email Address cwightman@tminc.com

Contact Person for Annual Report Pamela Sherwood, tw telecom of ohio llc

Phone 317-713-8977

Address (if different from above) _____

Consumer Contact Information Pamela Sherwood, tw telecom of ohio llc

Phone 317-713-8977

Address (if different from above) _____

Motion for protective order included with filing? ☐ Yes ☒ No

Motion for waiver(s) filed affecting this case? ☐ Yes ☒ No [Note: Waivers may toll any automatic timeframe.]

Section I – Pursuant to Chapter 4901:11-6 OAC – Part I – Please indicate the Carrier Type and the reason for submitting this form by checking the boxes below. CMRS providers: Please see the bottom of Section II.

NOTES: (1) For requirements for various applications, see the identified section of Ohio Administrative Code Section 4901 and/or the supplemental application form noted.

(2) Information regarding the number of copies required by the Commission may be obtained from the Commission's web site at www.puco.ohio.gov under the docketing information system section, by calling the docketing division at 614-466-4095, or by visiting the docketing division at the offices of the Commission.

Carrier Type <input type="checkbox"/> Other (explain below)	<input type="checkbox"/> ILEC	<input checked="" type="checkbox"/> CLEC	<input type="checkbox"/> CTS	<input type="checkbox"/> AOS/IOS
Tier 1 Regulatory Treatment				
Change Rates within approved Range	<input type="checkbox"/> TRF 1-6-04(B) (0 day Notice)	<input type="checkbox"/> TRF 1-6-04(B) (0 day Notice)		
New Service, expanded local calling area, correction of textual error	<input type="checkbox"/> ZTA 1-6-04(B) (0 day Notice)	<input type="checkbox"/> ZTA 1-6-04(B) (0 day Notice)		
Change Terms and Conditions, Introduce non-recurring service charges	<input type="checkbox"/> ATA 1-6-04(B) (Auto 30 days)	<input type="checkbox"/> ATA 1-6-04(B) (Auto 30 days)		
Introduce or Increase Late Payment or Returned Check Charge	<input type="checkbox"/> ATA 1-6-04(B) (Auto 30 days)	<input type="checkbox"/> ATA 1-6-04(B) (Auto 30 days)		
Business Contract	<input type="checkbox"/> CTR 1-6-17 (0 day Notice)	<input type="checkbox"/> CTR 1-6-17 (0 day Notice)		
Withdrawal	<input type="checkbox"/> ATW 1-6-12(A) (Non-Auto)	<input type="checkbox"/> ATW 1-6-12(A) (Auto 30 days)		
Raise the Ceiling of a Rate	Not Applicable	<input type="checkbox"/> SLF 1-6-04(B) (Auto 30 days)		
Tier 2 Regulatory Treatment				
Residential - Introduce non-recurring service charges	<input type="checkbox"/> TRF 1-6-05(E) (0 day Notice)	<input type="checkbox"/> TRF 1-6-05(E) (0 day Notice)		
Residential - Introduce New Tariffed Tier 2 Service(s)	<input type="checkbox"/> TRF 1-6-05(C) (0 day Notice)	<input type="checkbox"/> TRF 1-6-05(C) (0 day Notice)	<input type="checkbox"/> TRF 1-6-05(C) (0 day Notice)	
Residential - Change Rates, Terms and Conditions, Promotions, or Withdrawal	<input type="checkbox"/> TRF 1-6-05(E) (0 day Notice)	<input type="checkbox"/> TRF 1-6-05(E) (0 day Notice)	<input type="checkbox"/> TRF 1-6-05(E) (0 day Notice)	
Residential - Tier 2 Service Contracts	<input type="checkbox"/> CTR 1-6-17 (0 day Notice)	<input type="checkbox"/> CTR 1-6-17 (0 day Notice)	<input type="checkbox"/> CTR 1-6-17 (0 day Notice)	
Commercial (Business) Contracts	Not Filed	Not Filed	Not Filed	
Business Services (see "Other" below)	Detariffed	Detariffed	Detariffed	
Residential & Business Toll Services (see "Other" below)	Detariffed	Detariffed	Detariffed	

Section I – Part II – Certificate Status and Procedural

Certificate Status	ILEC	CLEC	CTS	AOS/IOS
Certification (See Supplemental ACE form)		<input type="checkbox"/> ACE 1-6-10 (Auto 30 days)	<input type="checkbox"/> ACE 1-6-10 (Auto 30 days)	<input type="checkbox"/> ACE 1-6-10 (Auto 30 days)
Add Exchanges to Certificate	<input type="checkbox"/> ATA 1-6-09(C) (Auto 30 days)	<input type="checkbox"/> AAC 1-6-10(F) (0 day Notice)	CLECs must attach a current CLEC Exchange Listing Form	
Abandon all Services - With Customers	<input type="checkbox"/> ABN 1-6-11(A) (Non-Auto)	<input type="checkbox"/> ABN 1-6-11(A) (Auto 90 day)	<input type="checkbox"/> ABN 1-6-11(B) (Auto 14 day)	<input type="checkbox"/> ABN 1-6-11(B) (Auto 14 day)
Abandon all Services - Without Customers		<input type="checkbox"/> ABN 1-6-11(A) (Auto 30 days)	<input type="checkbox"/> ABN 1-6-11(B) (Auto 14 day)	<input type="checkbox"/> ABN 1-6-11(B) (Auto 14 day)
Change of Official Name (See below)	<input type="checkbox"/> ACN 1-6-14(B) (Auto 30 days)	<input type="checkbox"/> ACN 1-6-14(B) (Auto 30 days)	<input type="checkbox"/> CIO 1-6-14(A) (0 day Notice)	<input type="checkbox"/> CIO 1-6-14(A) (0 day Notice)
Change in Ownership (See below)	<input type="checkbox"/> ACO 1-6-14(B) (Auto 30 days)	<input type="checkbox"/> ACO 1-6-14(B) (Auto 30 days)	<input type="checkbox"/> CIO 1-6-14(A) (0 day Notice)	<input type="checkbox"/> CIO 1-6-14(A) (0 day Notice)
Merger (See below)	<input type="checkbox"/> AMT 1-6-14(B) (Auto 30 days)	<input type="checkbox"/> AMT 1-6-14(B) (Auto 30 days)	<input type="checkbox"/> CIO 1-6-14(A) (0 day Notice)	<input type="checkbox"/> CIO 1-6-14(A) (0 day Notice)
Transfer a Certificate (See below)	<input type="checkbox"/> ATC 1-6-14(B) (Auto 30 days)	<input type="checkbox"/> ATC 1-6-14(B) (Auto 30 days)	<input type="checkbox"/> CIO 1-6-14(A) (0 day Notice)	<input type="checkbox"/> CIO 1-6-14(A) (0 day Notice)
Transaction for transfer or lease of property, plant or business (See below)	<input type="checkbox"/> ATR 1-6-14(B) (Auto 30 days)	<input type="checkbox"/> ATR 1-6-14(B) (Auto 30 days)	<input type="checkbox"/> CIO 1-6-14(A) (0 day Notice)	<input type="checkbox"/> CIO 1-6-14(A) (0 day Notice)
Procedural				
Designation of Process Agent(s)	<input type="checkbox"/> TRF (0 day Notice)	<input type="checkbox"/> TRF (0 day Notice)	<input type="checkbox"/> TRF (0 day Notice)	<input type="checkbox"/> TRF (0 day Notice)

Section II – Carrier to Carrier (Pursuant to 4901:1-7), CMRS and Other

Carrier to Carrier	ILEC	CLEC		
Interconnection agreement, or amendment to an approved agreement	<input type="checkbox"/> NAG 1-7-07 (Auto 90 day)	<input type="checkbox"/> NAG 1-7-07 (Auto 90 day)		
Request for Arbitration	<input type="checkbox"/> ARB 1-7-09 (Non-Auto)	<input type="checkbox"/> ARB 1-7-09 (Non-Auto)		
Introduce or change c-t-c service tariffs,	<input type="checkbox"/> ATA 1-7-14 (Auto 30 day)	<input type="checkbox"/> ATA 1-7-14 (Auto 30 day)		
Introduce or change access service pursuant to 07-464-TP-COI	<input type="checkbox"/> ATA (Auto 30 day)			
Request rural carrier exemption, rural carrier suspension or modification	<input type="checkbox"/> UNC 1-7-04 or 1-7-05 (Non-Auto)	<input type="checkbox"/> UNC 1-7-04 or 1-7-05 (Non-Auto)		
Pole attachment changes in terms and conditions and price changes.	<input type="checkbox"/> UNC 1-7-23(B) (Non-Auto)	<input type="checkbox"/> UNC 1-7-05 (Non-Auto)		
CMRS Providers See 4901:1-6-15	<input type="checkbox"/> RCC [Registration & Change in Operations] (0 day)		<input type="checkbox"/> NAG [Interconnection Agreement or Amendment] (Auto 90 days)	
Other* (explain) Adding TRS Surcharge language and rate				

*NOTE: During the interim period between the effective date of the rules and an Applicant's Detariffing Filing, changes to existing business Tier 2 and all toll services, including the addition of new business Tier 2 and all new toll services, will be processed as 0-day TRF filings, and briefly described in the "Other" section above.

All Section I and II applications that result in a change to one or more tariff pages require, at a minimum, the following exhibits. Other exhibits may be required under the applicable rule(s). ACN, ACO, AMT, ATC, ATR and CIO applications see the 4901:1-6-14 Filing Requirements on the Commission's Web Page for a complete list of exhibits.

Exhibit	Description:
A	The tariff pages subject to the proposed change(s) as they exist before the change(s)
B	The Tariff pages subject to the proposed change(s), reflecting the change, with the change(s) marked in the right margin.
C	A short description of the nature of the change(s), the intent of the change(s), and the customers affected.
D	A copy of the notice provided to customers, along with an affidavit that the notice was provided according to the applicable rule(s).

Section III. – Attestation

Registrant hereby attests to its compliance with pertinent entries and orders issued by the Commission.

AFFIDAVIT

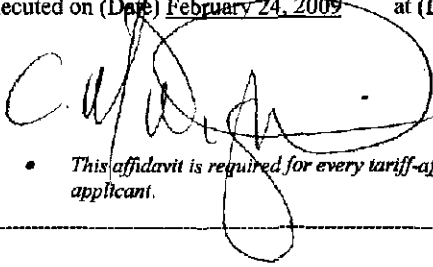
Compliance with Commission Rules and Service Standards

I am an officer/agent of the applicant corporation, **tw telecom of ohio llc**, and am authorized to make this statement on its behalf.
(Name)

I attest that these tariffs comply with all applicable rules, including the Minimum Telephone Service Standards (MTSS) Pursuant to Chapter 4901:1-5 OAC for the state of Ohio. I understand that tariff notification filings do not imply Commission approval and that the Commission's rules, including the Minimum Telephone Service Standards, as modified and clarified from time to time, supersede any contradictory provisions in our tariff. We will fully comply with the rules of the state of Ohio and understand that noncompliance can result in various penalties, including the suspension of our certificate to operate within the state of Ohio.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on (Date) February 24, 2009 at (Location) Maitland, Florida



*(Signature and Title) Consultant
Connie Wightman, Consultant to
tw telecom of ohio llc

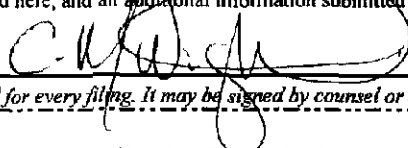
(Date) February 24, 2009

- This affidavit is required for every tariff-affecting filing. It may be signed by counsel or an officer of the applicant, or an authorized agent of the applicant.

VERIFICATION

I, Connie Wightman, verify that I have utilized the Telecommunications Application Form for Routine Proceedings provided by the Commission and that all of the information submitted here, and all additional information submitted in connection with this case, is true and correct to the best of my knowledge.

*(Signature and Title)



Consultant

(Date) February 24, 2009

*Verification is required for every filing. It may be signed by counsel or an officer of the applicant, or an authorized agent of the applicant.

Send your completed Application Form, including all required attachments as well as the required number of copies, to:

**Public Utilities Commission of Ohio
Attention: Docketing Division
180 East Broad Street, Columbus, OH 43215-3793**

Or

Make such filing electronically as directed in Case No 06-900-AU-WVR

tw telecom of ohio, llc

Exhibit A

Existing Affected Tariff Pages

CHECK SHEET

All pages inclusive of this tariff are effective as of the date shown. Original and revised pages, as named below, comprise all changes from the original tariff in effect on the date indicated.

PAGE	REVISION		PAGE	REVISION		PAGE	REVISION	
Title	Original	*	31	Original	*	62	Original	*
1	Original	*	32	Original	*	63	Original	*
2	Original	*	33	Original	*	64	Original	*
3	Original	*	34	Original	*	65	Original	*
4	Original	*	35	Original	*	66	Original	*
5	Original	*	36	Original	*	67	Original	*
6	Original	*	37	Original	*	68	Original	*
7	Original	*	38	Original	*	69	Original	*
8	Original	*	39	Original	*	70	Original	*
9	Original	*	40	Original	*	71	Original	*
10	Original	*	41	Original	*	72	Original	*
11	Original	*	42	Original	*	73	Original	*
12	Original	*	43	Original	*	74	Original	*
13	Original	*	44	Original	*	75	Original	*
14	Original	*	45	Original	*	76	Original	*
15	Original	*	46	Original	*	77	Original	*
16	Original	*	47	Original	*	78	Original	*
17	Original	*	48	Original	*	79	Original	*
18	Original	*	49	Original	*	80	Original	*
19	Original	*	50	Original	*	81	Original	*
20	Original	*	51	Original	*	82	Original	*
21	Original	*	52	Original	*			
22	Original	*	53	Original	*			
23	Original	*	54	Original	*			
24	Original	*	55	Original	*			
25	Original	*	56	Original	*			
26	Original	*	57	Original	*			
27	Original	*	58	Original	*			
28	Original	*	59	Original	*			
29	Original	*	60	Original	*			
30	Original	*	61	Original	*			

Issued: January 14, 2009

Effective: January 14, 2009

Issued by: Pamela Sherwood, Vice President - Regulatory Affairs
4625 W.86th Street, Suite 500
Indianapolis, IN 46228

OHI0901

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Issued: January 14, 2009

Effective: January 14, 2009

Issued by: Pamela Sherwood, Vice President - Regulatory Affairs
4625 W. 86th Street, Suite 500
Indianapolis, IN 46228

OHI0901

tw telecom of ohio, llc

Exhibit B

Proposed Revised Tariff Pages

CHECK SHEET

All pages inclusive of this tariff are effective as of the date shown. Original and revised pages, as named below, comprise all changes from the original tariff in effect on the date indicated.

PAGE	REVISION		PAGE	REVISION	PAGE	REVISION	
Title	Original		31	Original	61	Original	
1	1 st Revised	*	32	Original	62	Original	
2	1 st Revised	*	33	Original	63	Original	
3	Original		34	Original	64	Original	
4	Original		35	Original	65	Original	
5	Original		36	Original	66	Original	
6	Original		37	Original	67	Original	
7	Original		38	Original	68	Original	
8	Original		39	Original	69	Original	
9	Original		40	Original	70	Original	
10	Original		41	Original	71	Original	
11	Original		42	Original	72	Original	
12	Original		43	Original	73	Original	
13	Original		44	Original	74	Original	
14	Original		45	Original	75	Original	
15	Original		45.1	Original	*	76	Original
16	Original		46	Original	77	Original	
17	Original		47	Original	78	Original	
18	Original		48	Original	79	Original	
19	Original		49	Original	80	Original	
20	Original		50	Original	81	Original	
21	Original		51	Original	82	Original	
22	Original		52	Original			
23	Original		53	Original			
24	Original		54	Original			
25	Original		55	Original			
26	Original		56	Original			
27	Original		57	Original			
28	Original		58	Original			
29	Original		59	Original			
30	Original		60	Original			

Issued: February 25, 2009

Effective: March 15, 2009

Issued by: Pamela Sherwood, Vice President - Regulatory Affairs
4625 W. 86th Street, Suite 500
Indianapolis, IN 46228

OH10902

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Issued: February 25, 2009

Effective: March 15, 2009

Issued by: Pamela Sherwood, Vice President - Regulatory Affairs
4625 W. 86th Street, Suite 500
Indianapolis, IN 46228

OHI0902

SECTION 2 - REGULATIONS, (CONT'D.)

2.29 Ohio Telecommunications Relay Service (TRS)

Telecommunications Relay Service (TRS) allows Customers with speech and/or hearing disabilities to communicate by using their own voice, or a voice assisted device and the assistance of a specially trained relay operator. Customers can access the service by dialing 7-1-1. There is no charge to the users of this service. The Commission requires all telecommunication companies operating in the State of Ohio to contribute to fund this service. The Company will list the Telecommunications Relay Service surcharge on the Customer's bills as a separate line item.

Monthly Surcharge per Access Line \$0.02665

(N)

(N)

Issued: February 25, 2009

Effective: March 15, 2009

Issued by: Pamela Sherwood, Vice President - Regulatory Affairs
4625 W. 86th Street, Suite 500
Indianapolis, IN 42628

OH10902

tw telecom of ohio, llc

Exhibit C

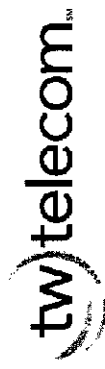
Narrative Summarizing All Changes Proposed in the Application

The purpose of this filing is to add the Telecommunications Relay Service (TRS) assessment to the Company's local tariff, P.U.C.O. Tariff No. 10.

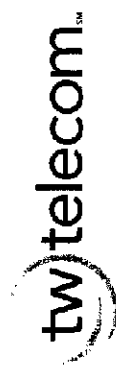
tw telecom of ohio, llc

Exhibit D

Customer Notice and Affidavit



The Public Utilities Commission of Ohio has adopted rules for the Telecommunications Relay Service (TRS) assessment as enacted by House Bill 562. **tw telecom** will begin invoicing a TRS surcharge for Ohio customers beginning on March 15, 2009. Every access line with local dial tone is subject to this TRS surcharge. The TRS surcharge rate will be \$0.02665 per access line, per month.



10475 Park Meadows Drive
Littleton, CO 80124

CUSTOMER NOTICE AFFIDAVIT

STATE OF: FLORIDA

COUNTY OF: ORANGE

AFFIDAVIT

I Connie Wightman, am an authorized agent of the applicant corporation, **tw telecom of ohio llc**, and am authorized to make this statement on its behalf. I attest that customer notices accompanying this affidavit were sent to affected customers through a postcard on February 20, 2009, in accordance with Rule 4901:1-6-16, Ohio Administrative Code. I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 24, 2009
(Date)

Maitland, Florida
(Location)

(Signature and Title) Consultant 2/24/2009
(Date)

Subscribed and sworn to before me this February 24, 2009
(Date)

(Signature)

Notary Public

My Commission Expires:

